

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 16, 2006

Regulation Packages #1105-20 and #1205-21

CDSS MANUAL LETTER NO. SS-06-02

TO: HOLDERS OF THE SOCIAL SERVICE STANDARDS MANUAL, DIVISION 30

Regulation Package # 1105-20**Effective 9/1/06****Sections 30-702 and 30-760**

This manual letter has been posted on the Office of Regulations Development website at http://www.dss.cahwnet.gov/ord/SocialServ_620.htm.

These amendments require each county to establish a dedicated, specialized In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) Quality Assurance (QA) function or unit to perform specific activities; including joint case review activities with California Department of Social Services (CDSS) and county QA staff. Working with the counties, the Department developed the proposed regulations to implement and make specific these requirements. These regulations implement the requirements of Welfare and Institutions Code Section 12305.71.

These regulations were adopted effective September 1, 2006 and were considered at the Department's public hearing held on May 17, 2006.

Regulation Package #1205-21**Effective 9/1/06****Sections 30-757, 30-758 and 30-780**

This manual letter has been posted on the Office of Regulations Development website at http://www.dss.cahwnet.gov/ord/SocialServ_620.htm.

Senate Bill (SB) 1104 (Chapter 229, Statutes of 2004) amended Welfare and Institutions Code Section 12301.2 to develop and implement statewide hourly In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) task guidelines for supportive services. The statute requires the development of hourly task guidelines, including exception criteria, to provide counties with a standard tool for assessing service needs and authorizing service hours when conducting both initial needs' assessments and reassessments.

The guidelines specify a range of time normally required for each supportive services' task that is necessary to ensure the health, safety, and independence of recipients receiving the services, and do not result in cost shifting to other governmental services.

These regulations were adopted effective September 1, 2006 and were considered at the Department's public hearing held on May 17, 2006.

FILING INSTRUCTIONS

Revisions to all manuals are shown in graphic screen. The attached pages are to be entered in your copy of the Manual of Policies and Procedures. The latest prior manual letter containing Social Service Standards Manual regulation changes was SS-06-01.

<u>Page(s)</u>	<u>Replace(s)</u>
50	Page 50
58 through 61.5	Pages 58 through 61.1
65 through 73	Pages 65 through 76
78 and 79	Pages 78 and 79
144 and 145	Pages 144 and 145
148 and 149	Pages 148 and 149

Attachments

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SOCIAL SERVICES STANDARDS
SERVICE PROGRAM NO. 7: IN-HOME SUPPORTIVE SERVICES

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- (5) SSI/SSP means the Supplemental Security Income and State Supplementary Program administered by the Social Security Administration of the United States Department of Health and Human Services in California.
- (6) State Allocation Plan means that process whereby individual county IHSS program allocations are developed in a manner consistent with a) Welfare and Institutions Code Sections 10102 and 12300 et seq., and b) funding levels appropriated and any control provision contained in the Annual Budget Act.
- (7) State-mandated program cost means those county costs incurred for the provision of IHSS to recipients, as specified in Section 30-757, in compliance with a state approved county plan. Costs caused by factors beyond county control such as caseload growth and increased hours of service based on individually assessed need, shall also be considered state-mandated.
- (8) Substantial Gainful Activity means work activity that is considered to be substantial gainful activity under the applicable regulations of the Social Security Administration, 20 CFR 416.932 through 416.934. Substantial work activity involves the performance of significant physical or mental duties, or a combination of both, productive in nature. Gainful work activity is activity for remuneration of profit, or intended for profit, whether or not profit is realized, to the individual performing it or to the persons, if any, for whom it is performed, or of a nature generally performed for remuneration or profit.
- (9) Substitute Payee means an individual who acts as an agent for the recipient.
- (t) Turnaround Timesheet means a three-part document issued by the state consisting of the paycheck, the statement of earnings, and the timesheet to be submitted for the next pay period.
- (u) (Reserved)
- (v) (1) Voluntary Services Certification is the form numbered SOC 450 (10/98) which is incorporated by reference and which is to be used statewide by person(s) providing voluntary services without compensation.
- (w) (Reserved)
- (x) (Reserved)
- (y) (Reserved)
- (z) (Reserved)

NOTE: Authority cited: Sections 10553, 10554, 12301.1, and 22009(b), Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10554, 11102, 12300(c), 12301, 12301.6, 12304, 12306, 12308, 13302, 14132.95, 14132.95(e), 14132.95(f), and 22004, Welfare and Institutions Code.

30-702**COUNTY QUALITY ASSURANCE AND QUALITY IMPROVEMENT****30-702**

- .1 Each county shall establish a Quality Assurance (QA) unit or function which, at a minimum, will be required to perform the following tasks:
 - .11 Develop and regularly review policies and procedures, implementation timelines, and instructions under which county QA and Quality Improvement (QI) programs will function.
 - .12 Perform routine, scheduled reviews of supportive services cases which include reviewing a sample of case files and other documents.
 - .121 The county shall define routine, scheduled reviews in their QA procedures.
 - .122 The county's QA case sample shall:
 - (a) Include cases from all district offices and all workers involved in the assessment process.
 - (b) Include a minimum number of cases determined by CDSS based on the county's caseload and QA staffing allocation.
 - .123 If the county is unable to meet the requirements of Section 30-702.122, the county shall submit a written alternative proposal to CDSS outlining the reason as well as an alternative sample method. CDSS shall review the proposal and determine if it is acceptable for compliance with Section 30-702.122.
 - .124 The county's routine, scheduled reviews shall consist of desk reviews and home visits.
 - .125 The review process shall be a standardized process, including standard forms for completing desk reviews of cases and for completing home visits.
 - (a) The desk reviews must include:
 - (1) A sample of denied cases.
 - (2) Validation of case file information by recipient contact using a sub-sample of cases.
 - (3) A process to verify:

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30-702	COUNTY QUALITY ASSURANCE AND QUALITY IMPROVEMENT (Continued)	30-702
	<ul style="list-style-type: none"> (A) Required forms are present, completed, and contain appropriate signatures. (B) There is a dated Notice of Action in the case file for the current assessment period. (C) The need for each service and hours authorized is documented. <p>(b) The county shall conduct home visits using a sub-sample of their desk reviews to confirm that the assessment is consistent with the recipient's needs for services and the applicable federal and state laws and policies have been followed in the assessment process. When conducting home visits the county shall:</p> <ul style="list-style-type: none"> (1) Notify the recipient prior to the home visit. (2) Verify the recipient's identity. (3) Verify the need for any IHSS service tasks, not just the task currently authorized. (4) Verify all data on the G-Line of the SOC 293 (1/91), which includes specific information that may impact the assessment of need. (5) Verify the recipient understands which services have been authorized and the amount of time authorized for each. (6) Discuss with the recipient, the recipient's health issues and physical limitations to assist in identifying the recipient's functional limitations. (7) Discuss any changes in the recipient's condition or functional limitations since the last assessment. (8) Discuss the quality of services provided by the county with the recipient, including addressing the recipient's awareness of, and the ability to, contact and communicate with his/her worker. (9) Verify that the recipient understands his/her ability to request a fair hearing. (10) Ensure a completed back-up plan, that indicates the steps the recipient must take in the event of an emergency, is in the recipient's file and a copy has been provided to the recipient to use as a future resource. 	

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(Continued)

- .126 The county's QA review process shall also identify any optional county special requirements.
- .127 When the county QA staff is prevented from completing a review on a specific case, this information shall be conveyed to the appropriate staff and an alternative case shall be selected.
- .13 Develop procedures to report QA findings to county and State management and to ensure that deficiencies identified are appropriately reported and corrected.
 - .131 The county's reporting procedures shall identify a standardized process for communicating results of routine, scheduled reviews to management, line staff, and the immediate supervisors of line staff. The process shall include:
 - (a) A specified time frame for response to QA findings and a follow-up process.
 - (b) Protocols for identifying and responding to a need for immediate action.
 - (c) Measures to ensure that corrective actions address problems that are systematic in nature.
- .14 Review and respond to information provided as a result of data matches conducted by the State with other agencies that provide services to program recipients or State control agencies.
 - .141 In performing data match activities, counties shall ensure that confidentiality requirements are adhered to.
- .15 Develop procedures to detect and prevent potential fraud by providers, recipients, and others, which include informing providers, recipients, and others that suspected fraud of supportive services can be reported by using the toll-free Medi-Cal fraud telephone hotline and/or internet web site.
- .16 Conduct appropriate follow-up of suspected fraud and seek recovery of any overpayments, as appropriate.
- .17 Identify potential sources of third-party liability and make appropriate referrals. Potential sources of third-party liability include but are not limited to:

30-702	COUNTY QUALITY ASSURANCE AND QUALITY IMPROVEMENT	30-702
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- .171 Long-Term Care Insurance.
- .172 Worker's Compensation Insurance.
- .173 Victim Compensation Program Payments.
- .174 Civil Judgment/Pending Litigations.
- .18 Conduct joint case review activities with State QA staff.
- .19 Develop a plan for and perform targeted QA/QI studies based on:
 - .191 Analysis of data acquired through the county's quality assurance program; or
 - .192 Analysis of data available through Case Management Information Payrolling System (CMIPS), county systems; or
 - .193 Other information, including but not limited to:
 - (a) Data from QA case review findings; or
 - (b) Input from Public Authorities and other consumer groups.
 - .194 The county shall submit a quarterly report of their QA/QI activities to CDSS on the SOC 824 (3/06) form fifteen days after the report quarter ends. (Quarters end on March 31, June 30th, September 30th, and December 31st).
- .2 Each county shall develop and submit an annual QA/QI Plan to CDSS no later than June 1 of each year.
 - .21 The QA/QI Plan shall identify how the county will use the information gathered through QA activities to improve the quality of the IHSS program at the local level.

NOTE: Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Section 12305.71, Welfare and Institutions Code.

30-755	PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM	30-755
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.1 Eligibility

.11 A person is eligible for IHSS who is a California resident living in his/her own home, and who meets one of the following conditions:

.111 Currently receives SSI/SSP benefits.

.112 Meets all SSI/SSP eligibility criteria including income, but does not receive SSI/SSP benefits.

.113 Meets all SSI/SSP eligibility criteria, except for income in excess of SSI/SSP eligibility standards and meets applicable share of cost obligations.

.114 Was once eligible for SSI/SSP benefits, but became ineligible because of engaging in substantial gainful activity, and meets all of the following conditions:

(a) The individual was once determined to be disabled in accordance with Title XVI of the Social Security Act (SSI/SSP).

(b) The individual continues to have the physical or mental impairments which were the basis of the disability determination.

(c) The individual requires assistance in one or more of the areas specified under the definition of "severely impaired individual" in Section 30-753.

(d) The individual meets applicable share of cost obligations.

.12 Otherwise eligible applicants, currently institutionalized, who wish to live in their own homes and who are capable of safely doing so if IHSS is provided, shall upon application receive IHSS based upon a needs assessment.

.121 Service delivery shall commence upon the applicant's return home, except that authorized services as specified in Section 30-757.12 may be used to prepare for the applicant's return home.

.2 Eligibility Determination

.21 Eligibility shall be determined by county social service staff at the time of application, at subsequent 12-month intervals, and when required based on information received about changes in the individual's situation.

30-755	PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM (Continued)	30-755
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- .22 Eligibility for current recipients of SSI/SSP shall be determined by verifying receipt of SSI/SSP. This can be done in any of the following ways:
- .221 Seeing the current SSI/SSP Notice of Determination.
 - .222 Seeing the current SSI/SSP benefit check.
 - .223 Contacting the Social Security District Office.
 - .224 Checking the Medi-Cal Eligibility Data System (MEDS) or the State Data Exchange (SDX) screens.
- .23 Eligibility for those persons described in Sections 30-755.112, .113, and .114 above shall be determined as follows:
- .231 Age, blindness, and disability shall be determined by social service staff using the eligibility standards specified in Sections 30-770 through 30-775.
 - (a) Age, blindness or disability may be established by looking at the third and fourth digits of the Medi-Cal number. If the number is 10, the recipient is aged; if 20, the recipient is blind; and if 60, the recipient is disabled. However, if the third and fourth digits of the number are not 20 or 60, a new determination of blindness or disability may be required.
 - .232 Residence, property, and net nonexempt income shall be determined by social service staff using the eligibility standards specified in Sections 30-770 through 30-775.
 - .233 Net nonexempt income in excess of the applicable SSI/SSP benefit level shall be applied to the cost of IHSS.
 - (a) Payment of the entire obligated share of cost is a condition of eligibility for IHSS.
 - (b) Providers shall have the primary responsibility for collecting any share of cost owed to them.
 - (1) The county may collect the share of cost.
 - (2) Counties shall have the responsibility for collection of any share of cost which must be paid against the provider's tax liability.
 - (c) If a recipient fails to pay his/her entire obligated share of cost within the month for which it is obligated, IHSS shall be terminated.

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- (1) Termination will be effective the last day of the month following the month of discovery of the recipient's failure to pay his/her entire obligated share of cost.
 - (d) If an applicant/recipient states verbally or in writing that he/she will not pay his/her share of cost, the applicant/recipient shall not be eligible for IHSS services.
- .24 Notwithstanding Section 30-755.232 above, net nonexempt income for persons specified in Section 30-755.113 above shall be determined, depending on the aid category to which the individual was linked in December, 1973, according to the Old Age Security (OAS), Aid to the Blind (AB) and Aid to the Totally Disabled (ATD) income regulations which would have been applicable in the individual's case in June, 1973, if it is to the person's advantage and either of the following conditions is met:
 - .241 In December 1973 the person was receiving only homemaker/chore services or was receiving an OAS, AB or ATD cash grant solely for attendant care, and has received IHSS services continuously since that date.
 - .242 In December 1973 the person had applied for attendant care of homemaker/chore service, met all eligibility requirements in that month, and has received IHSS services continuously since that date.
- .25 The case record for persons specified in .111 above shall indicate the information used to determine receipt of SSI/SSP benefits.
- .26 The case record for persons specified in Sections 30-755.112, .113, and .114 above shall include:
 - .261 The information used by the county to determine age, blindness or disability.
 - .262 The information regarding the recipient's property, income, and living situation used by the county in determining eligibility. Such information shall be recorded on a statement of facts form which shall be signed by the recipient or his/her authorized representative under penalty of perjury, and shall be dated. The county shall verify income. The county may verify other information if necessary to insure a correct eligibility determination.

30-755	PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM (Continued)	30-755
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.263 For persons eligible under .114 above, the information used to decide that the recipient was once determined to be eligible for SSI/SSP, was once determined to be disabled as provided in .114(a) above, and was discontinued from SSI/SSP because of engaging in substantial gainful activity.

.264 The computation of the amount the recipient must pay toward the cost of in-home supportive services.

.3 Medi-Cal

.31 Recipients of services under .112, .113, and .114 above are eligible for Medi-Cal, provided that any net nonexempt income in excess of the SSI/SSP benefit level shall be applied to the cost of in-home supportive services.

NOTE: Authority cited: Sections 10553, 10554, and 12150, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 10554, 12304.5, 12305, and 14132.95, Welfare and Institutions Code.

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30-757	PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES	30-757
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.1 Only those services specified in Sections 30-757.11 through .19 shall be authorized through IHSS. A person who is eligible for a personal care service provided pursuant to the PCSP shall not be eligible for that personal care service through IHSS. A service provided by IHSS shall be equal to the level of the same service provided by PCSP.

(a) For services in this section where time guidelines are specified, the services shall be subject to the specified time guideline unless the recipient's needs require an exception to the guideline. When assessing time for services (both within and outside the time guidelines), the time authorized shall be based on the recipient's individual level of need necessary to ensure his/her health, safety, and independence based on the scope of tasks identified for service. In accordance with Welfare and Institutions Code Section 12301.2, the dual purpose of the guidelines is to provide counties with a tool for both consistently and accurately assessing service needs and authorizing time.

(1) In determining the amount of time per task, the recipient's ability to perform the tasks based on his/her functional index ranking shall be a contributing factor, but not the sole factor. Other factors could include the recipient's living environment, and/or the recipient's fluctuation in needs due to daily variances in the recipient's functional capacity (e.g., "good days" and "bad days").

(A) In determining the amount of time per task, universal precautions should be considered.

1. Universal precautions are protective practices necessary to ensure safety and prevent the spread of the infectious diseases. Universal precautions should be followed by anyone providing a service, which may include contact with blood or body fluids such as saliva, mucus, vaginal secretions, semen, or other internal body fluids such as urine or feces. Universal precautions include the use of protective barriers such as gloves or facemask depending on the type and amount of exposure expected, and always washing hands before and after performing tasks. More information regarding universal precautions can be obtained by contacting the National Center for Disease Control.

(2) An exception to the time guideline may result in receiving more or less time based on the recipient's need for each supportive service and the amount of time needed to complete the task.

(3) Exceptions to the hourly task guidelines identified in this section shall be made when necessary to enable the recipient to establish and maintain an independent living arrangement and/or remain safely in his/her home or abode of his/her own choosing and shall be considered a normal part of the authorization process.

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PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

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- (4) No exception shall result in the recipient's hours exceeding the maximum limits of 195 hours per month as specified at Section 30-765.121 for nonseverely impaired cases or 283 hours per month for severely impaired cases as specified in Section 30-765.111. No exception shall result in the recipient's hours exceeding the maximum limit for PCSP cases as specified at Section 30-780.2(b).
- (5) No exceptions to hourly task guidelines shall be made due to inefficiency or incompetence of the provider.
- (6) When an exception to an hourly task guideline is made in a recipient's case, the reason for the exception shall be documented in the case file.

HANDBOOK BEGINS HERE

- (A) Documentation of the reason for the exception will provide necessary data to audit the effectiveness of each guideline in terms of:
 - 1. Achieving equity in service authorizations; and
 - 2. Evaluating program costs.
- (B) In documenting an exception, the county worker can record the circumstances requiring more or less time than the range recommends. Examples of written documentation may include:
 - 1. Writing a few words, phrases, or sentences (e.g., more time needed due to frequent urination, etc.); or
 - 2. Citing the regulation that identifies the exception reason when the reason is listed as one of the exception criteria provided in regulation for that particular service (e.g., under "bowel and bladder" care, frequent urination per Section 30-757.14(a)(4)(A)).
- (C) The worker's supervisor should review the documentation of the worker in accordance with current county procedures and current program regulations. The purpose of supervisory case review is to assure that service hours authorized by workers accurately reflect the individual's care needs and that these needs have been appropriately documented in the case file by the worker.
- (D) Consistent with current practice, if the supervisor determines that the worker's documentation is not sufficient, the supervisor should discuss the case with the worker and identify any additional items needed to see if the worker can substantiate the exception prior to the supervisor making any changes.

HANDBOOK ENDS HERE

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(Continued)

- .11 Domestic services which are limited to the following:
- (a) Sweeping, vacuuming, washing and waxing of floor surfaces.
 - (b) Washing kitchen counters and sinks.
 - (c) Cleaning the bathroom.
 - (d) Storing food and supplies.
 - (e) Taking out garbage.
 - (f) Dusting and picking up.
 - (g) Cleaning oven and stove.
 - (h) Cleaning and defrosting refrigerator.
 - (i) Bringing in fuel for heating or cooking purposes from a fuel bin in the yard.
 - (j) Changing bed linen.
 - (k) Miscellaneous domestic services (e.g., changing light bulbs, wheelchair cleaning, and changing and recharging wheelchair batteries) when the service is identified and documented by the caseworker as necessary for the recipient to remain safely in his/her home.
 - (1) The time guideline for "domestic services" shall not exceed 6.0 hours total per month per household unless the recipient's needs require an exception.
- .12 Heavy cleaning which involves thorough cleaning of the home to remove hazardous debris or dirt.
- .121 The county shall have the authority to authorize this service only at the time IHSS is initially granted, to enable the provider to perform continuous maintenance; or if a lapse in eligibility occurs, eligibility is reestablished, and IHSS has not been provided within the previous 12 months. The county shall also have the authority to authorize this service should the recipient's living conditions result in a threat to his/her safety and such service may be authorized where a recipient is at risk of eviction for failure to prepare his/her home or abode for fumigation as required by statute or ordinance. The caseworker shall document the circumstances, justifying any such allowance.

30-757 PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
 (Continued)

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.13 Related services which are limited to the following:

.131 Preparation of meals, which includes planning menus; removing food from the refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating the stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-size pieces.

- (a) The time guidelines range for "preparation of meals" shall be as follows unless the recipient's needs require an exception:

Preparation of Meals Hours per Week Time Guidelines		
	Low	High
Rank 2	3.02	7.00
Rank 3	3.50	7.00
Rank 4	5.25	7.00
Rank 5	7.00	7.00

Note: Rank represents the recipient's level of functioning (functional index as provided in Section 30-756.1).

- (b) Factors for the consideration of time include, but are not limited to:
- (1) The extent to which the recipient can assist or perform tasks safely.
 - (2) The types of food the recipient usually eats for breakfast, lunch, dinner, and snacks and the amount of time needed to prepare the food (e.g., more cooked meals versus meals that do not require cooking).
 - (3) Whether the recipient is able to reheat meals prepared in advance and the types of food the recipient eats on days the provider does not work.
 - (4) The frequency the recipient eats.
 - (5) Time for universal precautions, as appropriate.
- (c) Exception criteria to the time guideline range include, but are not limited to:
- (1) If the recipient must have meals pureed or cut into bite-sized pieces.

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PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

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- (2) If the recipient has special dietary requirements that require longer preparation times or preparation of more frequent meals.
- (3) If the recipient eats meals that require less preparation time (e.g., toast and coffee for breakfast).

.132 Meal clean-up, which includes loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances, and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands.

- (a) Meal clean up does not include general cleaning of the refrigerator, stove/oven, or counters and sinks. These services are assessed under "domestic services" in Section 30-757.11.
- (b) The time guideline range for "meal cleanup" shall be as follows unless the recipient's needs require an exception:

Meal Cleanup Hours per Week Time Guideline		
	Low	High
Rank 2	1.17	3.50
Rank 3	1.75	3.50
Rank 4	1.75	3.50
Rank 5	2.33	3.50

- (c) Factors for consideration of time include, but are not limited to:
 - (1) The extent to which the recipient can assist or perform tasks safely.
 - (A) A recipient with a Rank 3 in "meal cleanup" who has been determined able to wash breakfast/lunch dishes and utensils and only needs the provider to cleanup after dinner would require time based on the provider performing cleanup of the dinner meal only.
 - (B) A recipient who has less control of utensils and/or spills food frequently may require more time for cleanup.
 - (2) The types of meals requiring the cleanup.

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PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

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HANDBOOK BEGINS HERE

- (A) A recipient who chooses to eat eggs and bacon for breakfast would require more time for cleanup than a recipient who chooses to eat toast and coffee.

HANDBOOK ENDS HERE

- (3) If the recipient can rinse the dishes and leave them in the sink until the provider can wash them.
- (4) The frequency that meal cleanup is necessary.
- (5) If there is a dishwasher appliance available.
- (6) Time for universal precautions, as appropriate.
- (d) Exceptions criteria to the time guideline range may include, but are not limited to:
- (1) If the recipient must eat frequent meals which require additional time for cleanup.
- (2) If the recipient eats light meals that require less time for cleanup.

.133 Restaurant meal allowance.

- (a) An aged or disabled client who has adequate cooking facilities at home but whose disabilities prevent their use shall be advised of his/her option to receive a restaurant meal allowance in lieu of the services specified in .131 through .133, above, and shopping for food which the recipient would otherwise receive.
- (1) The amount of the restaurant meal allowance shall be that specified in Welfare and Institutions Code Section 12303.7 or as otherwise provided by law.

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PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)

30-757

- (A) IHSS restaurant meal allowances established in accordance with Welfare and Institutions Code Section 12303.7 shall be as follows:

Allowance for <u>an Individual</u>	Allowance for <u>a Couple</u>
\$62.00 per month	\$124.00 per month

- (2) A recipient who receives a restaurant meal allowance as part of his/her SSP grant shall not receive a restaurant meal allowance from IHSS.
- (3) An aged or disabled recipient who is an SSP recipient, who requests a restaurant meal allowance, and who does not have adequate cooking facilities at home shall be referred to SSP.

.134 Laundry services which includes the tasks of washing and drying laundry, mending, ironing, folding, and storing clothes on shelves or in drawers.

- (a) Laundry facilities are considered available in the home if, at a minimum, there exists a washing machine and a capability to dry clothes on the premises.
- (b) The need for out-of-home laundry services exists when laundry facilities are not available on the premises and it is therefore necessary to go outside the premises to accomplish this service. Included in out-of-home laundry is the time needed to travel to/from a locally available laundromat or other laundry facility.
- (c) The time guideline for laundry service where laundry facilities are available in the home shall not exceed 1.0 hours total per week per household unless the recipient's need requires an exception to exceed this limit.

HANDBOOK BEGINS HERE

- (1) In assessing time for in-home laundry services, it is expected that the provider will accomplish other tasks while clothes are washing and drying.

HANDBOOK ENDS HERE

- (d) The time guideline for laundry services where laundry facilities are not available in the home shall not exceed 1.5 hours total per week per household unless the recipient's need requires an exception to exceed this limit.

30-757 PROGRAM SERVICE CATEGORIES AND TIME GUIDELINES
(Continued)**30-757****HANDBOOK BEGINS HERE**

- (1) It is expected that the typical provider will use a local laundromat as necessary for efficient time utilization.

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- (e) An exception to grant more time than the time guidelines specified in Sections 30-757.134(c) and (d) may be necessary for recipients who have incontinence.

.135 Food shopping which includes reasonable food shopping and other shopping/errands limited to the nearest available stores or other facilities consistent with the recipient's economy and needs.

- (a) The county shall not authorize additional time for the recipient to accompany the provider.

- (b) Food shopping includes the tasks of making a grocery list, travel to/from the store, shopping, loading, unloading, and storing food.

- (1) The time guideline for "food shopping" shall not exceed 1.0 hour total per week per household unless the recipient's need requires an exception to exceed this limit.

- (c) Other shopping/errands includes the tasks of making a shopping list, travel to/from the store, shopping, loading, unloading, and storing supplies purchased, and/or performing reasonable errands such as delivering a delinquent payment to avert an imminent utility shut-off or picking up a prescription, etc.

- (1) The time guideline for "other shopping/errands" shall not exceed 0.5 hour total per week per household unless the recipient's need requires an exception to exceed this limit.

.14 Personal care services, limited to:

- (a) "Bowel and bladder" care, which includes assistance with using, emptying, and cleaning bed pans/bedside commodes, urinals, ostomy, enema and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable barrier pads; putting on/taking off disposable rubber gloves; wiping and cleaning recipient assistance; with getting on/off commode or toilet; and washing/drying recipient's and providers hands.

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- (1) "Bowel and bladder" care does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program, or colostomy irrigation. These tasks are assessed as "paramedical services" specified at Section 30-757.19.
- (2) The time guideline range for "bowel and bladder" care shall be as follows unless the recipient's needs require an exception:

Bowel and Bladder Care Hours per Week Time Guideline		
	Low	High
Rank 2	0.58	2.00
Rank 3	1.17	3.33
Rank 4	2.91	5.83
Rank 5	4.08	8.00

- (3) Factors for consideration of time include, but are not limited to:
 - (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) The frequency of the recipient's urination and/or bowel movements.
 - (C) If there are assistive devices available which result in decreased or increased need for assistance.

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1. Situation where elevated toilet seats and/or Hoyer lifts are available may result in less time needed for "bowel and bladder" care if the use of these devices results in a decreased need for assistance by the recipient.
2. Situations where a bathroom door is not wide enough to allow for easy wheelchair access may result in more time needed if its use results in an increased need.

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- (D) Time for universal precautions, as appropriate.
- (4) Exception criteria to the time guideline range may include, but are not limited to:
 - (A) If the recipient has frequent urination or bowel movements.
 - (B) If the recipient has frequent bowel or bladder accidents.
 - (C) If the recipient has occasional bowel or bladder accidents that require assistance from another person.
 - (D) If the recipient's morbid obesity requires more time.
 - (E) If the recipient has spasticity or locked limbs.
 - (F) If the recipient is combative.
- (b) Respiration limited to nonmedical services such as assistance with self-administration of oxygen and cleaning IPPB machines.
- (c) "Feeding," which includes assistance with consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to recipients who cannot feed themselves or who require other assistance with special devices in order to feed themselves or to drink adequate liquids.
 - (1) "Feeding" tasks include assistance with reaching for, picking up, and grasping utensils and cup; cleaning recipient's face and hands; and washing/drying hands; and washing/drying hands before and after feeding.
 - (2) "Feeding" tasks do not include cutting food into bite-sized pieces or pureeing food, as these tasks are assessed in "preparation of meals" services specified at Section 30-757.131.
 - (3) The time guideline range for "feeding" shall be as follows unless the recipient's needs require an exception:

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Feeding Hours per Week Time Guideline		
	Low	High
Rank 2	0.70	2.30
Rank 3	1.17	3.50
Rank 4	3.50	7.00
Rank 5	5.25	9.33

- (4) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) The amount of time it takes the recipient to eat meals.
 - (C) The type of food that will be consumed.
 - (D) The frequency of meals/liquids.
 - (E) Time for universal precautions, as appropriate.
- (5) Exception criteria to the time guideline range may include, but are not limited to:
- (A) If the constant presence of the provider is required due to the danger of choking or other medical issues.
 - (B) If the recipient is mentally impaired and only requires prompting for feeding him/herself.
 - (C) If the recipient requires frequent meals.
 - (D) If the recipient prefers to eat foods that he/she can manage without assistance.
 - (E) If the recipient must eat in bed.
 - (F) If food must be placed in the recipient's mouth in a special way due to difficulty swallowing or other reasons.
 - (G) If the recipient is combative.
- (d) Routine bed baths, which includes cleaning basin or other materials used for bed sponge baths and putting them away; obtaining water and supplies; washing, rinsing, and drying body; applying lotion, powder and deodorant; and washing/drying hands before and after bathing.

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- (1) The time guideline range for "bed baths" shall be as follows unless the recipient's needs require an exception:

Bed Baths Hours per Week Time Guideline		
	Low	High
Rank 2	0.50	1.75
Rank 3	1.00	2.33
Rank 4	1.17	3.50
Rank 5	1.75	3.50

- (2) Factors for consideration of time include, but are not limited to:

- (A) The extent to which the recipient can assist or perform tasks safely.
- (B) If the recipient is prevented from bathing in the tub/shower.
- (C) If bed baths are needed in addition to baths in the tub/shower.
- (D) Time for universal precautions, as appropriate.

- (3) Exception criteria to the time guideline range may include, but are not limited to:

- (A) If the recipient is confined to bed and sweats profusely requiring frequent bed baths.
- (B) If the weight of the recipient requires more or less time.
- (C) If the recipient is combative.

- (e) Bathing, oral hygiene and grooming:

- (1) Bathing includes cleaning the body in a tub or shower; obtaining water/supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of tub or shower; assistance with reaching all parts of the body for washing, rinsing, drying and applying lotion, powder, deodorant; and washing/drying hands.
- (2) Oral hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.

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- (3) Grooming includes hair combing/brushing; hair trimming when the recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care when these services are not assessed as "paramedical" services for the recipient; and washing/drying hands.
- (4) "Bathing, oral hygiene, and grooming," does not include getting to/from the bathroom. These tasks are assessed as mobility under "ambulation" services specified at Section 30-757.14(k).
- (5) The time guideline range for "bathing, oral hygiene, and grooming," shall be as follows unless the recipient's needs require an exception:

Bathing, Oral Hygiene, and Grooming Hours per Week Time Guideline		
	Low	High
Rank 2	0.50	1.92
Rank 3	1.27	3.15
Rank 4	2.35	4.08
Rank 5	3.00	5.10

- (6) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
- (B) The number of times the recipient may need to bathe.
- (C) If the recipient requires assistance in/out of tub/shower.
- (D) If the recipient needs assistance with supplies.
- (E) If the recipient requires assistance washing his/her body.
- (F) If the provider must be present while the recipient bathes.
- (G) If the recipient requires assistance drying his/her body and/or putting on lotion/powder after bathing.
- (H) If the recipient showers in a wheelchair.
- (I) Universal precautions, as appropriate.

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(7) Exceptions to the time guideline range may include, but are not limited to:

- (A) If the provider's constant presence is required.
- (B) If the weight of the recipient requires more or less time.
- (C) If the recipient has spasticity or locked limbs.
- (D) If a roll-in shower is available.
- (E) If the recipient is combative.

(f) Dressing, which includes washing/drying of hands; putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments, corsets, elastic stockings and braces; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.

(1) The time guideline range for "dressing" shall be as follows unless the recipient's needs require an exception.

Dressing Hours per Week Time Guideline		
	Low	High
Rank 2	0.56	1.20
Rank 3	1.00	1.86
Rank 4	1.50	2.33
Rank 5	1.90	3.50

(2) Factors for consideration of time include, but are not limited to:

- (A) The extent to which the recipient can assist or perform tasks safely.
- (B) The type of clothing/garments the recipient wears.
- (C) If the recipient prefers other types of clothing/garments.
- (D) The weather conditions.
- (E) Universal precautions, as appropriate.

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- (3) Exception criteria to the time guideline range may include, but are not limited to:
 - (A) If the recipient frequently leaves his/her home, requiring additional dressing/undressing.
 - (B) If the recipient frequently bathes and requires additional dressing or soils clothing, requiring frequent changes of clothing.
 - (C) If the recipient has spasticity or locked limbs.
 - (D) If the recipient is immobile.
 - (E) If the recipient is combative.
- (g) Repositioning and rubbing skin, which includes rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and range of motion exercises which shall be limited to the following:
 - (1) General supervision of exercises which have been taught to the recipient by a licensed therapist or other health care professional to restore mobility restricted because of injury, disuse or disease.
 - (2) Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent with the patient's capacity and tolerance.
 - (A) Such exercises shall include the carrying out of maintenance programs, i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.
 - (3) "Repositioning and rubbing skin" does not include:
 - (A) Care of pressure sores (skin and wound care). This task is assessed as a part of "paramedical" services specified at Section 30-757.19.
 - (B) Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated creams to the skin. These tasks are assessed as part of "assistance with prosthetic devices" at Section 30-757.14(i).

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- (4) The time guideline range for "repositioning and rubbing skin" shall be as follows unless the recipient's needs require an exception:

Repositioning and Rubbing Skin Hours per Week Time Guideline		
	Low	High
* Functional ranking does not apply	0.75	2.80

- (5) Factors for consideration of time include, but are not limited to:

- (A) The extent to which the recipient can assist or perform tasks safely.
- (B) If the recipient's movement is limited while in the seating position and/or in bed, and the amount of time the recipient spends in the seating position and/or in bed.
- (C) If the recipient has circulatory problems.
- (D) Universal precautions, as appropriate.

- (6) Exceptions criteria to the time guideline range may include, but are not limited to:

- (A) If the recipient has a condition that makes him/her confined to the bed.
- (B) If the recipient has spasticity or locked limbs.
- (C) If the recipient has or is at risk of having decubitus ulcers which require the need to turn the recipient frequently.
- (D) If the recipient is combative.

- (h) "Transfer," which includes assisting from standing, sitting, or prone position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or other assistive device generally occurring within the same room.

- (1) "Transfer" does not include:

- (A) Assistance on/off toilet. This task is assessed as part of "bowel and bladder" care specified at Section 30-757.14(a).

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- (B) Changing the recipient's position to prevent skin breakdown and to promote circulation. This task is assessed as part of "repositioning and rubbing skin" specified at Section 30-757.14(g).
- (2) The time guideline range for "transfer" shall be as follows unless the recipient's needs require an exception:

Transfer Hours per Week Time Guideline		
	Low	High
Rank 2	0.50	1.17
Rank 3	0.58	1.40
Rank 4	1.10	2.33
Rank 5	1.17	3.50

- (3) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
- (B) The amount of assistance required.
- (C) The availability of equipment, such as a Hoyer lift.
- (D) Universal precautions, as appropriate.
- (4) Exception criteria to the time guideline range may include, but are not limited to:
- (A) If the recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom.
- (B) If the weight of the recipient and/or condition of his/her bones requires more careful, slow transfers.
- (C) If the recipient has spasticity or locked limbs.
- (D) If the recipient is combative.
- (i) Care of and assistance with prosthetic devices and assistance with self-administration of medications, which includes assistance with taking off/putting on and maintaining and cleaning prosthetic devices, vision/hearing aids and washing/drying hands before and after performing these tasks.

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- (1) Assistance with self-administration of medications consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up Medi-sets.
- (2) The time guideline range for "care and assistance with prosthetic devices" shall be as follows unless the recipient's needs require an exception:

Care and Assistance with Prosthetic Devices Hours per Week Time Guideline		
	Low	High
*Functional ranking does not apply	0.47	1.12

- (3) Factors for consideration of time include, but are not limited to:
 - (A) The extent to which the recipient is able to manage medications and/or prosthesis independently and safely.
 - (B) The amount of medications prescribed for the recipient.
 - (C) If the recipient requires special preparation to distribute medications (e.g., cutting tablets, putting medications into Medi-sets, etc.).
 - (D) If the recipient has cognitive difficulties that contribute to the need for assistance with medications and/or prosthetic devices.
 - (E) Universal precautions, as appropriate.
- (4) Exception criteria to the time guideline range may include, but are not limited to:
 - (A) If the recipient takes medications several times a day.
 - (B) If the pharmacy sets up medications in bubble wraps or Medi-sets for the recipient.
 - (C) If the recipient has multiple prosthetic devices.
 - (D) If the recipient is combative.

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- (j) Routine menstrual care which is limited to external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes, using and/or disposing of barrier pads, managing clothing, wiping and cleaning, and washing/drying hands before and after performing these tasks.

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- (1) In assessing "menstrual" care, it may be necessary to assess additional time in other service categories specified in this section, such as "laundry," "dressing," "domestic," "bathing, oral hygiene, and grooming."
- (2) In assessing "menstrual" care, if the recipient wears diapers, time for menstrual care should not be necessary. This time would be assessed as a part of "bowel and bladder" care.

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- (3) The time guideline range for "menstrual care" shall be as follows unless the recipient's needs require an exception:

Menstrual Care Hours per Week Time Guideline		
	Low	High
*Functional rank does not apply	0.28	0.80

- (4) Factors for consideration of time include, but are not limited to:
 - (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) If the recipient has a menstrual cycle.
 - (C) The duration of the recipient's menstrual cycle.
 - (D) If there are medical issues that necessitate additional time.
 - (E) Universal precautions, as appropriate.
- (5) Exception criteria to the time guideline range may include, but are not limited to:
 - (A) If the recipient has spasticity or locked limbs.
 - (B) If the recipient is combative.

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- (k) Ambulation, which includes assisting the recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices, such as a cane, walker, or wheelchair, etc. and washing/drying hands before and after performing these tasks. "Ambulation" also includes assistance to/from the front door to the car (including getting in and out of the car) for medical accompaniment and/or alternative resource travel.

- (1) The time guideline range for "ambulation" shall be as follows unless the recipient's needs require an exception:

Ambulation Hours per Week Time Guideline		
	Low	High
Rank 2	0.58	1.75
Rank 3	1.00	2.10
Rank 4	1.75	3.50
Rank 5	1.75	3.50

- (2) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) The distance the recipient must move inside the home.
 - (C) The speed of the recipient's ambulation.
 - (D) Any barriers that impede the recipient's ambulation.
 - (E) Universal precautions, as appropriate.
- (3) Exceptions to the time guideline range may include, but are not limited to:
- (A) If the recipient's home is large or small.
 - (B) If the recipient requires frequent help getting to/from the bathroom.
 - (C) If the recipient has a mobility device, such as a wheelchair that results in a decreased need.
 - (D) If the recipient has spasticity or locked limbs.
 - (E) If the recipient is combative.

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- .15 Assistance by the provider is available for transportation when the recipient's presence is required at the destination and such assistance is necessary to accomplish the travel, limited to:
- .151 Transportation to and from appointments with physicians, dentists and other health practitioners.
- .152 Transportation necessary for fitting health related appliances/devices and special clothing.
- .153 Transportation under .151 and .152 above shall be authorized only after social service staff have determined that Medi-Cal will not provide transportation in the specific case.
- .154 Transportation to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.
- .16 Yard hazard abatement is light work in the yard which may be authorized for:
- .161 Removal of high grass or weeds, and rubbish when this constitutes a fire hazard.
- .162 Removal of ice, snow or other hazardous substances from entrances and essential walkways when access to the home is hazardous.
- .163 Such services are limited by Sections 30.763.235(b) and .24.
- .17 Protective Supervision consists of observing recipient behavior in order to safeguard the recipient against injury, hazard, or accident.

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.171 Protective Supervision is available for observing the behavior of nonself-directing, confused, mentally impaired, or mentally ill persons only.

(a) Protective Supervision may be provided through the following, or combination of the following arrangements.

(1) In-Home Supportive Services program;

(2) Alternative resources such as adult or child day care centers, community resource centers, Senior Centers; respite centers;

(3) Voluntary resources;

(4) A reassurance phone service when feasible and appropriate.

.172 Protective Supervision shall not be authorized:

(a) For friendly visiting or other social activities;

(b) When the need is caused by a medical condition and the form of the supervision required is medical.

(c) In anticipation of a medical emergency;

(d) To prevent or control anti-social or aggressive recipient behavior.

(e) To guard against self-destructive behavior.

.173 Protective Supervision is only available under the following conditions as determined by social service staff:

(a) At the time of the initial assessment or reassessment, a need exists for twenty-four-hours-a-day of supervision in order for the recipient to remain at home safely.

(1) For a person identified by county staff to potentially need Protective Supervision, the county social services staff shall request that the form SOC 821 (11/05), "Assessment of Need for Protective Supervision for In-Home Supportive Services Program," be completed by a physician or other appropriate medical professional to certify the need for Protective Supervision and returned to the county.

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- (A) For purposes of this regulation, appropriate medical professional shall be limited to those with a medical specialty or scope of practice in the areas of memory, orientation, and/or judgment.
- (2) The form SOC 821 (11/05) shall be used in conjunction with other pertinent information, such as an interview or report by the social service staff or a Public Health Nurse, to assess the person's need for Protective Supervision.
- (3) The completed form SOC 821 (11/05) shall not be determinative, but considered as one indicator of the need for Protective Supervision.
- (4) In the event that the form SOC 821 (11/05) is not returned to the county, or is returned incomplete, the county social services staff shall make its determination of need based upon other available information.

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- (5) Other available information can include, but is not limited to, the following:
 - (A) A Public Health Nurse interview;
 - (B) A licensed health care professional reports;
 - (C) Police reports;
 - (D) Collaboration with Adult Protective Services, Linkages, and/or other social service agencies;
 - (E) The social service staff's own observations.

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- (b) At the time of reassessment of a person receiving authorized Protective Supervision, the county social service staff shall determine the need to renew the form SOC 821 (11/05).
 - (1) A newly completed form SOC 821 (11/05) shall be requested if determined necessary, and the basis for the determination shall be documented in the recipient's case file by the county social service staff.

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- (c) Recipients may request protective supervision. Recipients may obtain documentation (such as the SOC 821) from their physicians or other appropriate health care professionals for submission to the county social service staff to substantiate the need for protective supervision.
- .174 Social Services staff shall discuss the need for twenty-four-hours-a-day supervision with the recipient, or the recipient's guardian or conservator, the appropriateness of out-of-home care as an alternative to Protective Supervision.
- .175 (Reserved.)
- .176 County Social Services staff shall obtain a signed statement from the provider(s) of record or any other person(s) who agrees to provide any In-Home Supportive Services (IHSS) or PCSP compensable service voluntarily. The statement [Form SOC 450 (10/98)] shall indicate that the provider knows of the right to compensated services, but voluntarily chooses not to accept any payment, or reduced payment, for the provision of services.
- (a) The voluntary services certification for IHSS shall contain the following information:
- (1) Services to be performed;
 - (2) Recipient(s) name;
 - (3) Case number;
 - (4) Day(s) and/or hours per month service(s) will be performed;
 - (5) Provider of services;
 - (6) Provider's address and telephone number;
 - (7) Provider's signature and date signed;
 - (8) Name and signature of Social Service Worker;
 - (9) County; and
 - (10) Social Security Number (Optional, for identification purposes only [Authority: Welfare and Institutions Code Section 12302.2]).

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- .18 Teaching and demonstration services provided by IHSS providers to enable recipients to perform for themselves services which they currently receive from IHSS. Teaching and demonstration services are limited to instruction in those tasks specified in .11, .13, .14, and .16 above.
- .181 This service shall be provided by persons who ordinarily provide IHSS. The hourly rate of provider compensation shall be the same as that paid to other IHSS providers in the county for the delivery method used.
- .182 This service shall only be provided when the provider has the necessary skills to do so effectively and safely.
- .183 Services shall be authorized for no more than three months.
- .184 Services shall be authorized only when there is a reasonable expectation that there will be a reduction in the need for a specified IHSS funded service as a result of the service authorized under this category which is at least equivalent to the cost of the services provided under this category.
- (a) The reduction in cost is equivalent if the full cost of service authorized under this part is recovered within six months after the conclusion of the training period.
- .185 Within seven months after completion of teaching and demonstration in a specific case, social service staff shall report in to the Department on the results of the service. The report shall include:
- (a) The tasks taught.
- (b) The instructional method used.
- (c) The delivery method used.
- (d) The frequency and duration of the instruction.
- (e) The total need for each service to be affected both before and six months after the instruction.
- (f) The results of instruction including the number of hours of each authorized IHSS funded service to be affected by the instruction both before and six months after the end of the instruction in hours per month.
- (g) The hourly rate paid the provider.

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- .19 Paramedical services, under the following conditions:
- .191 The services shall have the following characteristics:
- (a) are activities which persons would normally perform for themselves but for their functional limitations,
 - (b) are activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health.
 - (c) are activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.
- .192 The services shall be provided when ordered by a licensed health care professional who is lawfully authorized to do so. The licensed health care professional shall be selected by the recipient. The recipient may select a licensed health care professional who is not a Medi-Cal provider, but in that event shall be responsible for any fee payments required by the professional.
- .193 The services shall be provided under the direction of the licensed health care professional.
- .194 The licensed health care professional shall indicate to social services staff the time necessary to perform the ordered services.
- .195 This service shall be provided by persons who ordinarily provide IHSS. The hourly rate of provider compensation shall be the same as that paid to other IHSS providers in the county for the delivery method used.
- .196 The county shall have received a signed and dated order for the paramedical services from a licensed health care professional. The order shall include a statement of informed consent saying that the recipient has been informed of the potential risks arising from receipt of such services. The statement of informed consent shall be signed and dated by the recipient, or his/her guardian or conservator. The order and consent shall be on a form developed or approved by the department.
- .197 In the event that social services staff are unable to complete the above procedures necessary to authorize paramedical services during the same time period as that necessary to authorize the services described in .11 through .18, social services staff shall issue a notice of action and authorize those needed services which are described in .11 through .18 in a timely manner as provided in Section 30-759. Paramedical services shall be authorized at the earliest possible subsequent date.

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(Continued)

- .198 In no event shall paramedical services be authorized prior to receipt by social services staff of the order for such services by the licensed health care professional. However, the cost of paramedical services received may be reimbursed retroactively provided that they are consistent with the subsequent authorization and were received on or after the date of application for the paramedical services.

NOTE: Authority cited: Sections 10553, 10554, 12300, and 12301.2, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047; Miller v. Woods/Community Services for the Disabled v. Woods, Superior Court, San Diego County, Case Numbers 468192 and 472068; and Sections 12300, 12300(c)(7), 12300(f), 12300(g), 12300.1, and 12301.2, Welfare and Institutions Code.

30-758	TIME PER TASK AND FREQUENCY GUIDELINES	30-758
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Repealed by Manual letter No. SS-06-02, effective 9/1/06

NOTE: Authority cited: Sections 10553, 10554, 12300, and 12301.2, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047; and Sections 12300, and 12301.2, Welfare and Institutions Code.

30-759	APPLICATION PROCESS	30-759
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- .1 Each request or application for services shall have been made in accordance with Section 30-009.22.
- .11 Recipient information including ethnicity and primary language (including sign language) shall be collected and recorded in the case file.
- .2 Applications shall be processed, including eligibility determination and needs assessment, and notice of action mailed no later than 30 days following the date the written application is completed. An exception may be made for this requirement when a disability determination in accordance with Section 30-771 has not been received in the 30-day period. Services shall be provided, or arrangements for their provision shall have been made, within 15 days after an approval notice of action is mailed.
- .3 Pending final determination, a person may be considered blind or disabled for purposes of non-PCSP IHSS eligibility under the following conditions:
- .31 For a disabled applicant, eligibility may be presumed if the applicant is not employed and has no expectation of employment within the next 45 days, and if in the county's judgment the person appears to have a mental or physical impairment that will last for at least one year or end in death.
- .32 For a blind applicant, eligibility may be presumed if in the county's judgment the person appears to meet the requirements of Section 30-771.2.

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30-760	RESPONSIBILITIES	30-760
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.1 Applicant/Recipient Responsibilities

The applicant/recipient, his/her conservator, or in the case of a minor, his/her parents or guardian shall be responsible for:

- .11 Completing or participating in completion of all documents required in the determination of eligibility and need for services.
- .12 Making available to the county all documents that are in his/her possession or available to him/her which are needed to determine eligibility and need for service.
- .13 Cooperating with county fraud detection and prevention and quality assurance activities including case reviews and home visits.
- .14 Reporting all known facts which are material to his/her eligibility and level of need.
- .15 Reporting within ten calendar days of the occurrence, any change in any of these facts.
- .16 Reporting all information necessary to assure timely and accurate payment to providers of service.
- .17 Reporting within 10 calendar days when a change of residence places the recipient within the jurisdiction of another county.

.2 County Responsibilities

- .21 Informing recipients of their rights and responsibilities in relation to eligibility and need for services.
- .22 Evaluating the capacity of applicants or recipients to discharge their responsibilities as set forth in .1 above.
- .23 Assisting recipients as needed in establishing their eligibility and need for service.
- .24 Correctly determining eligibility and need.
- .25 Complying with administrative standards to ensure timely processing of recipient requests for service.

NOTE: Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Sections 11102, 12301, 12305.71, and 14132.95, Welfare and Institutions Code.

30-761	NEEDS ASSESSMENT STANDARDS	30-761
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- .1 Services shall be authorized only in cases which meet the following condition:
 - .11 The recipient is eligible as specified in Sections 30-755 or 30-780, except that services may be authorized on an interim basis as provided in Section 30-759.3.
 - .12 A needs assessment establishes a need for the services identified in Section 30-757 consistent with the purposes of the IHSS program, as specified in Section 30-700.1, except as provided in Section 30-759.8.
 - .13 Social services staff of the designated county department has had a face-to-face contact with the recipient in the recipient's home at least once within the past 12 months, except as provided in Sections 30-761.215 through .217, and has determined that the recipient would not be able to remain safely in his/her own home without IHSS. If the face-to-face contact is due but the recipient is absent from the state but still eligible to receive IHSS pursuant to the requirements stated in Section 30-770.4, Residency, the face- to-face requirement is suspended until such time as the recipient returns to the state.
 - .14 Performance of the service by the recipient would constitute such a threat to his/her health/safety that he/she would be unable to remain in his/her own home.
- .2 Needs Assessments
 - .21 Needs assessments are performed:
 - .211 Prior to the authorization of IHSS services when an applicant is determined to be eligible, except in emergencies as provided in Section 30-759.8.
 - .212 Prior to the end of the twelfth calendar month from the last face-to-face assessment except as provided in Sections 30-761.215 through .217.
 - (a) If a reassessment is completed before the twelfth calendar month, the month for the next reassessment shall be adjusted to the 12-month requirement except as provided in Section 30-761.215 through .217.

30-780	PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY	30-780
	(Continued)	

HANDBOOK CONTINUES

- (B) Paramedical services are activities which persons could perform for themselves but for their functional limitations.
- (C) Paramedical services are activities which, due to the beneficiary's physical or mental condition, are necessary to maintain the beneficiary's health.
- (b) Ancillary services are subject to time per task guidelines established in Sections 30-757 of the Department of Social Services' Manual of Policies and Procedures and are limited to the following:
 - (1) Domestic services are limited to the following:
 - (A) Sweeping, vacuuming, washing and waxing of floor surfaces.
 - (B) Washing kitchen counters and sinks.
 - (C) Cleaning the bathroom.
 - (D) Storing food and supplies.
 - (E) Taking out the garbage.
 - (F) Dusting and picking up.
 - (G) Cleaning oven and stove.
 - (H) Cleaning and defrosting refrigerator.
 - (I) Bringing in fuel for heating or cooking purposes from a fuel bin in the yard.
 - (J) Changing bed linen.
 - (K) Miscellaneous domestic services (e.g., changing light bulbs and wheelchair cleaning, and changing and recharging wheelchair batteries) when the service is identified and documented by the case worker as necessary for the beneficiary to remain safely in his/her home.

HANDBOOK CONTINUES

30-780 (Cont.)	SOCIAL SERVICES STANDARDS SERVICE PROGRAM NO. 7: IHSS	Regulations
30-780	PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY (Continued)	30-780

HANDBOOK CONTINUES

- (2) Laundry services include washing and drying laundry, and is limited to sorting, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry if dryer is not routinely used, mending, or ironing, folding, and storing clothing on shelves, in closets or in drawers.
- (3) Reasonable food shopping and errands limited to the nearest available stores or other facilities consistent with the beneficiary's economy and needs; compiling a list, bending, reaching, and lifting, managing cart or basket, identifying items needed, putting items away, phoning in and picking up prescriptions, and buying clothing.
- (4) Meal preparation and cleanup including planning menus; e.g., washing, peeling and slicing vegetables; opening packages, cans and bags, mixing ingredients; lifting pots and pans; reheating food, cooking and safely operating stove, setting the table and serving the meals; cutting the food into bite-size pieces; washing and drying dishes, and putting them away.
- (5) Assistance by the provider is available for accompaniment when the beneficiary's presence is required at the destination and such assistance is necessary to accomplish the travel limited to:
 - (A) Accompaniment to and from appointments with physicians, dentists and other health practitioners. This accompaniment shall be authorized only after staff of the designated county department has determined that no other Medi-Cal service will provide transportation in the specific case.
 - (B) Accompaniment to the site where alternative resources provide in-home supportive services to the beneficiary in lieu of IHSS. This accompaniment shall be authorized only after staff of the designated county department have determined that neither accompaniment nor transportation is available by the program.

HANDBOOK CONTINUES

30-780	PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY	30-780
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(Continued)

HANDBOOK CONTINUES

- (2) Range of motion exercises shall be limited to the general supervision of exercises which have been taught to the beneficiary by a licensed therapist or other health care professional to restore mobility restricted because of the injury, disuse or disease. Range of motion exercises shall be limited to maintenance therapy when the specialized knowledge or judgment of a qualified therapist is not required and the exercises are consistent with the beneficiary's capacity and tolerance. Such exercises shall include the carrying out of maintenance programs, i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.
- .3 Personal Care Services Program Required Documentation

DHS regulation Section 51476.2 reads:

Personal Care Services Records.

Each county shall keep, maintain, and have readily retrievable, such records as are necessary to fully disclose the type and extent of personal care services provided to a Medi-Cal beneficiary. Records shall be made at or near the time the service is rendered or the assessment or other activity is performed. Such records shall include, but not be limited to the following:

- (a) Time sheets
- (b) Assessment forms and notes
- (c) All service records, care plans, and orders/prescriptions ordering personal care.

HANDBOOK ENDS HERE

30-780	PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY	30-780
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(Continued)

- .4 Eligibility for PCSP shall be limited to those IHSS recipients who do not receive IHSS advance payment as specified in Section 30-769.731.

NOTE: Authority cited: Section 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992. Reference: Section 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Sections 12301.2 and 14132.95(b), Welfare and Institutions Code.